DOCUMENT RESUME

ED 162 217 CG 012 966

AUTHOR Raymond, Janice
TITLE Transsexualism: An Issue of Sex-Role Stereotyping.
PUB DATE Feb 78
NOTE 11p.; Paper presented at the Annual Meeting of the American Association for the Advancement of Science (February, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Ethics; Feminism; *Integrity; Moral Values; *Self Concept; Sex Differences; *Sex Discrimination; *Sex Stereotypes; *Sexuality; State of the Art Reviews
IDENTIFIERS *Transsexuals

ABSTRACT

Transsexualism offers a unique perspective on gender identity, sex-role stereotyping, and sex differences in a patriarchal society. It is also an important medical ethical issue which raises questions of bodily mutilation and integrity, nature versus technology, medical research priorities, unnecessary surgery, and the medical model, as well as definitions of maleness and femaleness. It is suggested that transsexualism is primarily caused by the rigid sex-role stereotypes that a sexist society generates, and is therefore symptomatic of something that is wrong on a deeper level. The role of gender identity clinics and the medical establishment in fostering and reinforcing stereotyped behavior is explored, and it is suggested that a benevolent form of behavior control and modification is occurring. Directions for change in treatment are outlined, including greater concern for the integrity of both the individual and society, and counseling which incorporates elements of "consciousness-raising." (KA)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED162217

TRANSSEXUALISM:
An Issue of Sex-Role Stereotyping.

Janice Raymond
School of Natural Science
Hampshire College
Amherst, Massachusetts.

Paper presented at the Annual Meeting of
The American Association for the Advancement of Science.
February, 1978.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J G Raymond

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CG012965

CN000 397
5/2/78

APR 24 1978

Transsexualism: An Issue of Sex-Role Stereotyping

The issue of transsexualism is thought to affect only a small percentage of the population, i.e., those few individuals who feel they are men or women "trapped in the body of the wrong sex." This is hardly the case, however. Transsexualism is an issue which raises important questions for all of us concerned about <u>why</u> it is that, in this society, one could even talk about having, for example, a "female mind in a male body." Ultimately, transsexualism offers a unique perspective on gender identity, sex-role stereotyping, and sex differences in a patriarchal society, because it provides a graphic locus for what is less obvious in society-at-large. Put simply, here we have the stereotypes of masculinity and femininity on stage, so to speak, for all to see in an <u>alien</u> body.

Transsexualism is also an important medical ethical issue which raises questions of bodily mutilation and integrity, "nature" vs. technology, medical research priorities, unnecessary surgery, and the inevitable issue of the medical model in general -- as well as definitions of maleness and femaleness, and the boundaries of such. Feminists who are concerned about the take-over of female reproductive capacity inherent in genetic technologies (e.g., test tube fertilization and cloning), may find that similar questions about the control of female biology rear themselves in the transsexual context.

Scholars will also find that transsexualism touches the boundaries of many of the existing academic disciplines in such a way as to raise fundamental questions about the

CN000-398
5/2/78

territorial imperatives of biology, psychology, medicine, and the law, to name but a few. Questions about the causes of transsexualism and the proper methods of treatment have been hitherto restricted to the domain of psychology and medicine. But as an ethicist and feminist scholar, I would maintain that these issues of causation and treatment are often embedded with male-defined values and philosphical beliefs --beliefs about the so-called natures of women and men, for example. When John Money, as one specific example, states that the core of one's gender identity is fixed by the age of 18 months, his statement is fraught with certain normative beliefs about the changeability of human personhood. Such beliefs can become invisible in the mounds of supposed scientific data about sex differences that Money offers. Thus science often reduces to metaphysics.

Gender dissatisfaction/agony is a very real problem and goes to the heart of the transsexual issue. I am concerned with several major aspects of this problem, as it affects not only transsexuals but a wider community of those who suffer from this same gender dissatisfaction and who are deeply concerned about sexism,sex-role stereotyping, and sex differences. In this context, one of the major questions to be asked is what causes transsexualism -- biology, psychological make-up, or family conditioning? I would ask that we consider that transsexualism, although it may be secondarily influenced by one or all of the above, is primarily caused by the rigid sex-role stereotypes that a sexist society generates. Thus transsexualism is fundamentally a social and ethical issue.

In this view, gender dissatisfaction as it is expressed by transsexuals, is symptomatic of something that is wrong on a deeper level. In this view, persons who desire to change sex surgically are fundamentally dissatisfied with the gender identity and role of their native-born sex to the point where the body and organs of the opposite sex come to incarnate the "essence" of their desired masculinity or femininity. Thus sex conversion surgery enables transsexuals to exchange one stereotype for the other, thereby reinforcing the fabric by which a role-defined society is held together. Only within a society in which rigid sex-role stereotypes exist does it make sense to surgically adjust a person's body to his or her mind (transsexual surgery), if the person's mind cannot be adjusted to his or her body (e.g., through traditional therapy).

It is significant that the majority of transsexuals are male-to-constructed females. There are many reasons for this. Most importantly, I think, men are socialized to fetishize and objectify. The same socialization that enables men to objectify women in rape, pornography, and "drag" is also that which enables them to take distance from their own bodies. Thus the penis is seen as a "thing" to be gotten rid of. The female body parts, specifically the female genitalia, are seen as "things" to be acquired. In the case of transsexual surgery, the female genitalia are not only viewed as parts of a female body which can be acquired at the hands of a surgeon. Here they are completely separated from the biological woman and, at the surgical point, come to be totally dominated by

incorporation into the biological man. Medicalized transsexualism can thus be seen to be the ultimate conclusion of the male possession of women in a patriarchal society.

Medicalized transsexualism also creates male-to-constructed females who are more feminine than most feminine biological women. This highly stereotyped femininity is revealed in the way transsexuals act, speak, and define themselves as women. One of the questions I asked transsexuals whom I interviewed was why they wanted to become women. Most responded in terms of the classic feminine stereotype -- they wanted to be nurturing, passive, housewives, etc. Some expressed their decision to change sex in terms of desired marriage and motherhood-wanting to "meet the right man," "have him take care of me," "adopt kids and bring them up."

More important, however, is the role of many so-called gender identity clinics and the medical establishment, and the extent to which they have fostered and reinforced stereotyped behavior. It is a primary requirement of these centers, in counseling transsexuals, that those who wish to be transsexed must "pass" as "true women" in order to qualify for treatment and eventually surgery. "Passing" requirements evaluate everything from feminine dress to feminine body language to feminine positions in intercourse. At Johns Hopkins, candidates for surgery are required to live out opposite-sex roles for at least six months. Many other centers require a longer period, some up to two years. Thus the role of such clinics and clinicians

in reinforcing sex-role stereotypes is significant, and it is one that has consequences which reach far beyond the issue of transsexualism.

I would suggest that what we are witnessing here is a benevolent form of behavior control and modification under the guise of therapy. It is not inconceivable that gender identity clinics, again in the name of therapy, could become potential centers of sex-role control for non-transsexuals -- for example, children whose parents have strong ideas about the kind of masculine or feminine children they want their offspring to be, or women who stray too far from the path of "flexible" stereotypical behavior. But control here, as in the transsexual context,will enter and has already entered not with a bang but with a whimper. And conformity is enforced in the name of therapy, at the individual's request, and with the claim of 90%"satisfied customers." If behaviorist theoreticians such as B.F. Skinner are right, and if behaviorist technicians such as José Delgado remain active, then the future social controllers can replace control through torture with control through pleasure, and supposedly with the individual's "informed consent."

The ultimate effect of medicalized transsexualism is that a moral and political issue is transformed into a psychiatric and medical-technical problem to be solved by "passing" requirments, hormone therapy, and sex conversion surgery. Medical technicians focus on the surgical construction of desired genitalia. Artifacts of silicone breasts, artificial vaginas, and the like come to incarnate the essence of

femaleness which the transsexual so desperately desires. The medical-technical solution thus begins to assert control in the narrow area of the chemical and surgical specialties, and once more life become amenable to medical values and medical solutions, and ultimately to the "triumph of the therapeutic." Since the result of transsexual surgery is that the transsexual becomes an agreeable participant in a society which encourages sexism, primarily by sex-role conformity, then ultimately the medical solution becomes a "social tranquilizer." What might have been social protest is stifled. The medical solution hides from the transsexual the possibility of being a history-bearing individual who, instead of conforming to sex roles, is in a unique position to turn his gender dysphoria into an effective protest against the very social structures and roles that spawned the dilemma to begin with. Thus the transsexual problem becomes manageable at the established level of sex-role conformity, and the psychological and medical clinicians become social engineers.

Transsexual surgery also enables doctors to gain medical knowledge about the manipulation of human sexuality that probably could not be acquired by any other medical procedure. The operative procedures employed in sex conversion surgery also serve to fashion bodies in conformity with feminine body stereotypes. Much of the medical literature is devoted to perfecting breast implants and functional vaginas in such as way as to bring the transsexual's body into line with a curvacious feminine figure.

What I have said thus far does not imply a callous or insensitive view of the desperate gender agony that persons who desire transsexual surgery must experience. It does, however, imply that sympathy should be put in the right place and that medical solutions which function under the guise of "sympathy for the oppressed," be exposed as iatrogenic. Genuine sympathy should ask the <u>why</u> behind the suffering and propose ways of dealing with such suffering which will effect change on the deepest levels of the problem. Transsexualism is a half-truth insofar as it poses the desperate experience of gender agony for many individuals in a role-defined society. But it is not a whole truth in that it presents us with an inadequate solution which only reinforces the society and socialization processes which produced transsexualism to begin with. To take a critical position on the issue of transsexualism is not to be less sympathetic or non-sympathetic to the real gender agony that transsexuals obviously endure, but rather to hope that all of those involved and concerned will be able to focus sympathy in the right place.

With these thoughts in mind, I would like to suggest several directions for change. On a more philosophical level, transsexual treatment should be concerned about the integrity of both the individual and the society. Thus it would not encourage transsexuals to integrate their gender dissatisfaction into a "meaningful" conformity where deeper questions of personal and social reality are not confronted. Instead it would help to supply the language needed to understand transsexualism within the social context

of sex-role stereotyping and conformity. In other words, it would meet the problem on its own deeper ground, i.e., social, and not dislocate it to another level, i.e., the medical-technical level. It would not replace gender suffering, which is very real suffering, witn an artificially prolonged and synthetic maintenance of the problem so that the transsexual becomes an uncritical and dependent spectator of his most deeply decaying self.

More concretely, what treatment should offer initially is a type of counseling which incorporates elements of "consciousness-raising" about the deeper issues that lie behind the problem of why one finds oneself with a "female mind in a male body." I am not so naive as to think that this would make transsexualism disappear overnight, but it would at least begin to deal with some of the deeper issues that are involved. The experience of consciousness-raising groups within the women's movement has at least demonstrated that women can break the bonds of so-called "core" gender identity with the recognition that "the personal is indeed political."

Given peer encouragement to go beyond cultural definitions of both masculinity and femininity without changing one's body, persons considering transsexualism might not find it so necessary to resort to sex-conversion surgery. This may seem a lot to hope for, but it is no more than what has been achieved by "native-born" women who have taken seriously the ideals and day-by-day living of a feminist awareness in a gender-defined society.

Thus, in the final analysis, I would ask transsexuals to join in the destruction of a role-defined society by not changing their bodies, by proving both to themselves and to others that persons who experience gender dissatisfaction do not have to transsex in order to live fully in this society. Instead of becoming constructed women, transsexuals as transsexuals should take their own unique form of gender dissatisfaction into their own hands and not be so willing to hand their bodies over to medicine. In doing so, they would also demystify the medical-technical solutions by regaining their own autonomy and thus their own solutions.

Differing perspectives on the issue of transsexualism need to receive more attention and publicity. We need to hear more from those women and men who at one time thought they might be transsexuals but decided differently -- persons who successfully overcame their gender identity crises without resorting to the medically/technically controlled solution. We also need to hear more from professionals such as endocrinologist Charles Ihlenfeld who, after helping 100 or more persons to change their sex, left the field. Ihlenfeld decided that transsexual surgery only treats in a superficial manner, something that is much deeper.

The issue, to my mind, is not a legal one but a deeply moral one, a matter of asking different questions and finding means to implement different answers. I am not advocating that sex conversion surgery be legally mandated out of existence. I am advocating that it be morally mandated out of existence. It is my contention that the elimination of transsexualism is not best achieved by repressive legislation forbidding such treatment.